

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

08869872  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4	1						54						
5		1					55						
6		1					56						
7		1					57						
8	1						58						
9		1					59						
10	1						60						
11	1						61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16	1						66						
17		1					67						
18		1					68						
19		1					69						
20	1						70						
21	1						71						
22	1						72						
23		1					73						
24		1					74						
25		1					75						
26							76						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49	1						99						
50							100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	16						TOTAL DEP.						
TOTAL CLAIMS	25						TOTAL CLAIMS						